

MEDICAL RECORD**COLPOSCOPIC EXAMINATION FORM**

Colposcopy Visit Date _____

HISTORY

Age _____ Gravida _____ Parity _____

Pregnant? Yes ☐ No ☐ _____ weeksPregnancy Test: Positive ☐ Negative ☐

Last Menstrual Period _____ Contraception _____

Menopause? Yes ☐ No ☐Hormone replacement therapy Yes ☐ No ☐

Type _____

HIV Status _____

Other Immunosuppressive Status _____

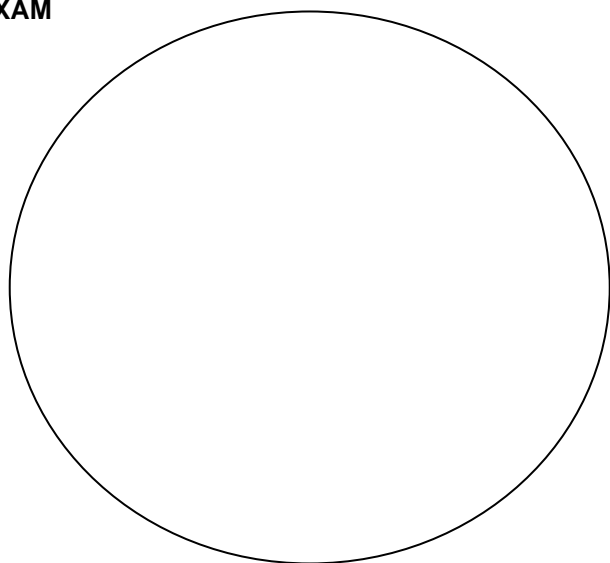
Smoker? Yes ☐ No ☐Index cervical cytology
Cervical cytology history

Findings

Date

Previous Colposcopy

Previous Therapy

EXAMSatisfactory ☐Unsatisfactory ☐

AV = atypical vessels NO = nabothian cysts
PN = punctuations TZ = transformation zone
CO = condyloma WE = white epithelium
MO = mosaicism X = biopsy

Colposcopy Impression _____

EXAM PROCEDURESCervical cytology Yes ☐ No ☐

Biopsy Sites: 1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Endocervical curettage Yes ☐ No ☐

Follow up visit: _____

Examiner Signature _____

Date _____

PATHOLOGY RESULTS

Cervical cytology: _____

Endocervical curettage: _____

Biopsy Results: 1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Plan: _____

Plan conveyed to patient/team: Yes ☐ No ☐

Follow Up Signature _____

Date _____

Patient Identification

Colposcopic Examination Form

NIH-2836 (1-04)

P.A. 09-25-0099

File in Section 2: Consultations, Other